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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [x]IXC [x]CLEC []ILEC []Wireless 2218

		CERTIFICATED COMP	ANY INFORMATION				
XO Co	mmunications Services, Inc	C					
Compa	any Name			•			
				17-2255			
Dba/fk	a		Telephone #				
13865	Sunrise Valley Drive			<u> </u>			
Mailin	g Address						
Hernd	lon, Virginia 20171						
City, State, Zip Code							
	Sunrise Valley Drive						
Busine	ess Location			·			
	lon, Virginia 20171		<u>Fairfax</u>				
City, S	State, Zip Code		County				
		REGISTERED AGE	NT INFORMATION				
Damini	lared Agent: Corneration Se	onvices Company					
Regisi	tered Agent: <u>Corporation Se</u>	ervices Company					
Mailine	g Address: <u>2711 Ce</u>	enterville Road					
111011111	y / (a a l o o o l						
City, S	State, Zip Code: <u>Wilming</u>	ton, DE 19808					
<u>l</u> A.		n's rules and regulations, l	orint or type company contact	tor the following areas.			
		/ Facsimile Number	1				
	Telephone Number	Facsimile Number	E-mail Address				
B.	Teresa Miller						
- ·	Customer Relations /Comp	laints Representative (Include	address if different than above.)				
	877-912-4829	/ 877-842-9008	/ Teresa.miller@x	o.com			
	Telephone Number	Facsimile Number	E-mail Address				
C1.	Teresa Miller			7. 17. (1) h)			
	Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)						
		/ Facsimile Number	/ E-mail Address				
	Telephone Number	racsimile number	E-mail Address				
C2.	800-421-3872 Customer Contact (Toll Fre	o Number)					
	Customer Contact (1011 Fre	e Number)					
D.	Engineering Operations (Ir	nclude address if different than a	above)				
	Eligineering Operations (ii	/	1				
	Telephone Number	Facsimile Number	E-mail Address				
F	•						
E.	Test and Repair (Include a	ddress if different than above.)					
		,	1				
	Telephone Number	Facsimile Number	E-mail Address				

Telephone Number	Facsimile Number	E-mail Address				
·				_		
tion, please provide the following	ng company contact informat	tion to assist in proper ro	outing of correspondenc	e and invo		
	0 Parallel Parkway Suite K-#3		9			
Regulatory Officer (Include	address if different than above	e.)				
913-499-1479	/ 314-787-796		john.ivanusaka@xo.com			
Telephone Number	Facsimile Number	E-mail Address				
Dual Party Mailings (Name)						
Mailing Address						
Telephone Number	/ Facsimile Number	/ E-mail Address				
relephone Number	racsimile Number	E-mail Address				
Interim LEC Fund Mailings (Name)					
Mailing Address	1					
Telephone Number	Facsimile Number	E-mail Address		. —		
G. Martin Pfister						
Universal Service Fund Mailin	ngs (Name)					
13865 Sunrise Valley	Drive Herndon, VA 20171					
Mailing Address						
703-547-2866 Telephone Number	/ 703-547-263 Facsimile Number	30 / E-mail Address	martin.g.pfister@xo.com			
•	i acsimile ivallibei	L-man Address				
G. Martin Pfister Gross Receipts Mailings (Name)						
Mailing Address	····			<u>. </u>		
Telephone Number	/Facsimile Number	/ E-mail Address				
•	racsimile Number	E-mail Address				
G. Martin Pfister Lifeline Mailings (Name)						
Mailing Address	,					
Telephone Number	Facsimile Number	E-mail Address	- A \			
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Sharon Adams This form was appropriated by (asist pages)		_ (
This form was completed by (print name)			Signature			
Senior Regulatory Analyst			March 30, 2010			
Title	Date					
RETURN COMPLETED FORM						
Public Service Commission of SC		Office of Regulatory				
Docketing Department						
Docketing Depart Post Office Drawe		Attn: Jeanne Gordo 1401 Main Street, St				